#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

#### **Facility Information**

**Facility Name: WRIGHT HOME (110210)** 

Address: 637 N WRIGHT RD, JANESVILLE, WI 53546

**License Status: REGULAR** 

Licensed/Certified/Registered 11/30/1991

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Survey ID: 0094481 End Date: 02/23/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008194 Served 04/06/2005

Deficiencies Cited Subject Area Compliance

Verified

83.32(1)(b) WRITTEN REPORT OF ASSESSMENT 83.33(3)(b)2.a MEDICATIONS SHALL HAVE A LABEL

Survey ID: 0091261 End Date: 10/17/2003 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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### **Enforcement History**

Date: 04/04/2005

SOD #10008194

Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Complaint History			
Date Complaint Received: 09/30/2003	Date Investigation Completed	: 10/20/2003	
Subject Area(s) HOMELIKE ENVIRONMENT & CLEANLINESS PROGRAM SERVICES QUALITY OF LIFE	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 09/29/2003	Date Investigation Completed	: 10/20/2003	
Subject Area(s)			

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